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IMPACT OF FATHER ABSENCE ON PSYCHOPATHOLOGY  
OF MILITARY DEPENDENT CHILDREN

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A Dissertation  
Presented to the  
Graduate Faculty of the  
School of Human Behavior  
United States International University

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In Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy  
in Psychology

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by  
Thomas M. Grant  
San Diego, 1988



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Abstract of Dissertation  
IMPACT OF FATHER ABSENCE ON PSYCHOPATHOLOGY  
OF MILITARY DEPENDENT CHILDREN

by

Thomas M. Grant, Ph.D.

United States International University

Committee Chairperson: Dale G. Hamreus, Ed.D.

THE PROBLEM. The problem of the study was to investigate the influence of father absence on the diagnosed psychopathology of military dependent children. The purpose of the study was to analyze data obtained from military medical center records for dependent children of active duty military fathers in order to answer the following questions of research: 1) Does a difference exist among GAP diagnostic groups relative to number of father absences among military dependent children under the age of 18? 2) Does a difference exist in the severity of the primary diagnoses among military dependent children under the age of 18 with regard to number of father absences? and 3) Does a difference exist among GAP diagnostic groups between first-born, middle-born, and last-born children of military dependents under the age of

18 relative to father absence?

METHOD. The research design was a comparative one, and the subjects were drawn from the 3,252 military dependents who presented to the Wilford Hall USAF Medical Center's Child Guidance Clinic between the years 1967 and 1975. The data utilized reflected the evaluations of trained clinicians.

The relationship between father absence and the diagnosed psychopathology of the subjects was examined by use of the Statistical Package for the Social Sciences (SPSS) and analysis of variance (ANOVA). Further processing of the data made use of a multiple range test, correlational analysis, and a t-test.

RESULTS. Based on the results of the analysis of data it was concluded that the childhood pathology of military dependent children is not systematically affected by father absence. It was further concluded that the existence of father absence does not affect the severity of diagnosed childhood pathology. Finally, it was concluded that no difference exists among GAP diagnostic groups for first-born, middle-born, and last-born military dependent children under the age of 18 relative to father absence. Father absence was not found to impact regularly on the psychopathology of the children of active military duty.

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THOMAS M. GRANT

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## Chapter One

### INTRODUCTION

It is very apparent that the American family is under siege today from a variety of sources. One area which is gaining more prominence is the stress of father absence (Hillenbrand, 1976). Until the 1960s and '70s, there was only a modest amount of empirical research on the effect of father absence on a child's development. Pedersen (1966, offered some insight into the research on the impact of father absence on child development preceding the mid-60s in his review of several studies concerning fantasy techniques with young children (Bach, 1946; Lynn and Sawrey, 1959; Sears, 1951); cross-cultural approaches (Burton and Whiting, 1961; Mischel, 1961); historical data comparing delinquents and a control population (Glueck and Glueck, 1960; McCord, McCord, and Thurber, 1962); and measures taken of normal college students with histories of father absence (Carlsmith, 1964; Leighty, 1960). According to Pedersen (1966), the reason for limited studies and data in this area may well be attributed to the operationally held assumption that early childrearing responsibilities are traditionally assigned to the mother and, thus, father

absence should not have much effect.

Most studies prior to those of the 60s and 70s appear to suggest that father absence is commonly associated with deleterious effects on a child's overall development. Hillenbrand (1976) cited the research in this area and indicated its overall findings as follows: Absence is related to increased dependency, lower scores on intelligence and achievement tests, and underlying feminine trends which may not be reflected in overt behavior. In addition, Hillenbrand (1976:451) cited a 1973 study conducted by Crumley and Blumenthal in which it was found that "psychiatric referrals indicate a higher incidence of emotional problems among persons who have experienced paternal absence during childhood."

Recent research by Shinn (1978:321) on the relationship of father absence and the child's cognitive development produced evidence that "rearing in father-absent families or in families in which fathers have little supportive interaction with their children is often associated with poor performance on cognitive tests." Shinn's research tended to support the hypothesis that parental interaction with children fosters cognitive development and that the lack of such interaction retards it. However, she hastened to add that "anxiety and financial hardship in father-absent families may also contribute to the observed effects" (Shinn, 1978:321).

The concern of the present study was to extend upon earlier studies which implied that there are detrimental effects to children as a result of father absence. Father absence is a common occurrence within the military lifestyle. This study looked at the relationship of father absence to psychopathology, as diagnosed at the Child Guidance Clinic of the Air Force's largest medical center.

#### Statement of the Problem

The problem this study addressed was the influence of father absence on the diagnosed psychopathology of military dependent children. The basic question of research was as follows: Does the severity of emotional problems of military dependent children under the age of 18 manifest any pattern of association with regard to the number of times the father is absent from the home on military assignment?

#### Purpose of the Study

The purpose of the study was to analyze data obtained from military medical center records of dependent children of active duty military fathers in order to answer the following questions of research:

- 1) Does a difference exist among GAP diagnostic groups relative to number of father absences among military dependent children under the age of 18?

2) Does a difference exist in the severity of the primary diagnoses among military dependent children under the age of 18 with regard to number of father absences?

3) Does a difference exist among GAP diagnostic groups between first-born, middle-born, and last-born military dependent children under the age of 18 relative to father absence?

### Rationale

All childhood behavior can be described as falling somewhere along the continuum between "healthy" and "psychotic." Pathological behavior can be placed in different diagnostic categories and classified according to degree of severity. The present study pointed to a significant difference existing among the childhood disorders with regard to father absence. Privitera (cited in Hunter and Nice, 1978:5) for one, stated that "it is the episodic experience of transient father absence which has the most pathogenic effect on the child's evolving personality." Privitera highlighted the impact of father absence for the preschool military child by terming it a most "crucial developmental crisis" (cited in Hunter and Nice, 1978:7). Pedersen (cited in Hamilton, 1977:26), in his research concerning the impact of father absence on the emotional disturbance of male military dependents, felt that there was, at the very least, an overall relationship between cumulative father absence and maladjustment of the

military dependent male. He found that the group of male children with more disturbed mothers tended to become more disturbed than others with increasing father absence. On the other hand, the better adjusted mothers had children who were less affected by the length of father absence.

Lamb (1981), in his extensive treatment of the role of the father in child development, noted research linking paternal deprivation with the relatively lesser childhood and adolescent pathologies of delinquency (Goode, 1961), low self-esteem and sexual acting out (Hetherington, 1972), cognitive deficits (Santrock, 1972), maladjustment (Baggett, 1967), and even the more serious pathologies of neurosis and schizophrenia (DaSilva, 1963; Madow and Hardy, 1947; Oltman, McGarry and Friedman, 1952; Wahl, 1954). According to Lamb, the latter studies relating father absence to neurosis and schizophrenia, were somewhat deficient in that the reasons for the father absence were not explored in a well-defined, systematic fashion.

In a significant study of father absence as it relates to psychopathology in military dependent children, Bloom and Pfeifer (1969) found the relationship between father absence and personality disorder significant at the .02 level. His subject number included 211 children. He found no other significant relationship between father absence and other childhood disorders as found in the GAP Classification of Childhood Disorders. Predating the study



by Bloom was that of Peterson, et al. (1959) which essentially found that children who had personality problems (e.g., shy, oversensitive, low self-concept) often had fathers who were insensitive and dictatorial. It seems reasonable to consider that a dictatorial type of fathering may be found on a more frequent basis within the military community as compared to the general population.

It is common practice for the severity of a childhood disorder diagnosis to be labeled as mild, moderate or severe. Does father absence in the military family tend to exacerbate a straightforward diagnosis, causing it to be placed in the moderate or severe range of intensity? Trunnell (1968:186), in his study of the emotional disturbances of father absent children, found that "a history of earlier significantly long paternal absences prior to the final absence of the father" was one of four environmental factors which correlated significantly with the inclusion of that child into a more severely disturbed group. He related the severity of the psychopathology due to father absence to the length of the father absence, as well as to the age of the child at the onset of the absence. Even though the data are scant concerning the impact of father absence on the severity of childhood pathology, its effect can be viewed as significant when studies such as that conducted by Lamb (1981) have shown that even those children whose fathers are psychologically

absent (e.g., distant and inaccessible) suffer similar consequences, though not as extreme, as children with physically absent fathers.

Some researchers discuss the cumulative detrimental effect of father absence. Deutsch and Brown (1964), for instance, found no significant difference in the school achievement of father present and father absent children in the first grade. By the fifth grade, however, a significant difference surfaced. Hess, et al. (1969) found cognitive deficits in their research efforts with children in later grades as compared to the first year of schooling. On the other hand, there has been research suggesting that recency of father departure, rather than cumulative absence, has more of a detrimental effect on children's scholastic achievement. The research of Santrock and Wohlford (1970) pointed primarily to the recency of father absence as causing deficits in scores. Cumulative father absence appeared to be the second and third leading cause of poor scores. From the foregoing research it appears that father absence can be linked to cognitive deficits and that it negatively impacts childhood behavior. It has been linked to childhood pathology and it may very likely affect the severity of any rendered diagnosis for a child so affected.

It is commonly held by those who study birth order psychology that children grow up in quite different

environments depending upon whether they are the first-born, middle, or youngest child. Birth order has been indicated by researchers as a factor related to father absence and the military child (Hunter, 1982:45). For many reasons, the first-born is looked upon as the strongest of the siblings, able to shoulder whatever comes his or her way. Even though this is generally held to be true by many, when it comes to paternal deprivation, the first-born, according to some investigators, is the most affected of the siblings (Peck and Schroeder, 1976).

In regard to the first-born male and father absence, Hillenbrand (1976:454) found that "both early-beginning absence and cumulative amounts of absence were related to decreased IQ difference scores at the .05 level of significance." In this same researcher, first-born boys with late-beginning paternal absence perceived themselves as more similar to their mothers than their fathers. Furthermore, in this same study, a relationship between "cumulative father absence and perceived maternal dominance" was established (Hillenbrand, 1976:454). Carlsmith's research (Hunter, 1982:45) was accomplished in 1964 and 1973, and it showed that early-on father absence in first-born boys brought about lower scores on intelligence tests and later absence, in support of and preceding Hillenbrand's work, resulted in boys viewing themselves as being more similar to their mothers.

There is a large amount of research in support of the negative impact of father absence on childhood development affecting certain levels of psychopathology. Oltman and Friedman (1967) found high rates of father absence in adults who had chronically disturbed personalities and inadequate moral development. Research has shown that a father's educational level can account for 25 percent of the variance in a child's IQ, and that this relationship is manifest at approximately three years of age for girls and six years of age for boys (Lamb, 1981). Lamb (1981:418) explained how father absence before age five appears to be the most damaging to the intellectual functioning of young boys and how in their later years in college, they tend to have cognitive profiles more typical of females than males. Although there are many variables mediating the effect of father absence on a military child's psychopathology, it is felt that the overall educational level of the parents could dampen the effects of father absence. In fact, educational level might tend to enhance parental coping ability and problem resolution. It is for this reason that a more pronounced psychopathology is expected with enlisted dependent children, as compared to officer dependent children, with regard to the negative effect of father absence on their lives.

### Hypotheses

The hypotheses of the study were stated as follows:

Hypothesis 1. A significant difference among GAP diagnostic groups relative to number of father absences exists among military dependent children under the age of 18.

Hypothesis 2. A significant difference in the severity of the primary diagnoses exists among military dependent children under the age of 18 with regard to number of father absences.

Hypothesis 3. A significant difference among GAP diagnostic groups exists between the first-born, middle-born, and last-born of military dependent children under the age of 18 relative to father absence.

### Importance of the Study

The problem examined was important for a number of reasons. First, the study added to a rather limited amount of literature already extant concerning the impact of father absence (paternal deprivation) on children's manifest psychopathology. The large number of research subjects added more weight and credibility to the results of the study. It was hoped that this study would lessen the ambiguousness of past research in this area and heighten the curiosity of its readers so that some might be encouraged to develop new areas of study in the elusive domain of father absence.

### Limitations of the Study

The study was limited by certain conditions. It was limited to dependents of active duty military who presented to the Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas Child Guidance Clinic between the years 1967 and 1975. This "older data" may have limited the implications of the research findings to the present time. Because this was a post factum study of data already accumulated, there was no control group, per se. Use was made, however, of those diagnosed as healthy when making comparisons and contrasts between diagnostic groups. Furthermore, the Chief of the WHMC Child Guidance Clinic, Wallace Bloom, Ph.D. (1971:8), indicated during the time the data were collected that "the military dependent children psychiatrically were much the same as their civilian counterparts."

### Delimitations of the Study

The scope of the study was delimited as follows. First, the study was restricted to those dependent of active duty military who presented to the Wilford Hall USAF Medical Center's Child Guidance Clinic during the years 1967 to 1975. These data offered a large population of father absent patients. Because of the time frame involved, caution is urged in extending the results to the dependents of today's active duty military. Second, the study was limited to military dependent children under the

age of 18 years. Because the subjects were drawn from military families stationed all over the world, it was felt that this patient sample would be representative of a typical Air Force population of dependent children.

### Definition of Terms

The following list of terms was considered essential to a full understanding of this research.

Birth order psychology. This term referred to the Adlerian based concept that certain characteristics can be ascribed to someone depending upon his or her chronological birth order in the family of origin.

Brain syndromes. These are disorders characterized by impairment of orientation, judgment, discrimination, learning, memory, and other cognitive functions, as well as by frequent lability of affect.

Childhood disorders. The disorders referred to were those listed by the Group for the Advancement of Psychiatry (GAP) and included the major categories, as follows: Reactive Disorders; Developmental Deviations; Psychoneurotic Disorders; Personality Disorders; Psychotic Disorders; Psychophysiologic Disorders; Brain Syndromes; Mental Retardation; and the classification of Other Disorders (defined later in this list of terms).

Developmental deviations. This category was intended to delineate those deviations in personality development which may be considered beyond the range of normal

variation in that they occur at a time, in a sequence, or in a degree not expected for a given age level or state of development.

Father absence. The term father absence referred to the number of times a father was absent from his children/family for a period of at least one year.

First-born child. This term referred to the oldest child in a family.

GAP Classification of Childhood Disorders. Those disorders listed in Psychopathological Disorders in Childhood: Theoretical Considerations and a Proposed Classification (1966).

Healthy responses. This category referred to age/stage appropriateness of functioning in the intellectual, social, emotional, personal, and adaptive arenas.

Mental retardation. This term involved three groupings in its definition, including: 1) biological group - conditions with known etiologic factors affecting brain function; 2) environmental group - includes psychological disturbances and certain sociocultural factors; 3) intermediate group - includes mental retardation arising from both biological and environmental factors.

Middle child. This term referred to children who are neither the first-born nor last-born (youngest), but who have a central chronological position.



Military dependent children. This phrase pertained to children of either gender under the age of 18 who were legal dependents of active duty military personnel of the United States and were the source from which the data of the study were obtained.

Other disorders. This category is used for any disorders not listed by GAP, but that may be described in the future or for disorders which may be split off from disorders already recognized.

Personality disorders. These are disorders characterized by chronic or fixed pathological trends, representing traits which have become ingrained in the personality structure.

Primary diagnosis. The first and usually the most significant diagnosis rendered on a patient.

Psychoneurotic disorders. This category referred to those disorders based on unconscious conflicts over the handling of sexual and aggressive impulses which, though removed from awareness by the mechanism of repression, remain active and unresolved.

Psychophysiologic disorders. This term referred to those disorders in which there is a significant interaction between somatic and psychological components, with various degrees of weighting of each component.

Psychotic disorders. In childhood, these disorders are characterized by marked pervasive deviations from the

behavior that is expected for the child's age. It is viewed as a basic disorder in ego functioning in which the emerging process of ego development shows extreme distortion.

Psychopathology. The branch of science that deals with morbidity or pathology of the psyche or mind.

Youngest child. This term referred to the last-born child.

Reactive disorders. This category referred to those disorders in which the behaviors and/or symptoms shown by the child are judged to be primarily a reaction to one event, a set of events, or a situation.

Severity of primary diagnosis. This term includes the categories of mild, moderate and severe.

## Chapter Two

### REVIEW OF THE LITERATURE

The focus of this study was the phenomenon of father absence, or paternal deprivation, and its impact upon the military dependent child. The following areas were reviewed for this chapter: 1) Development of the Research Topic, 2) Father's Influence on the Child's Development, 3) Effects of Military Life on the Child's Development, 4) The Concept of Father Absence, 5) The Reasons for Father Absence, 6) Effects of Father Absence, 7) Family Problems with Father Absence, and 8) Psychopathology and Father Absence.

#### Development of the Research Topic

At the start of the researcher's clinical psychology residency at Wilford Hall USAF Medical Center, San Antonio, Texas in the Fall of 1981, an acquaintance was formed with the Associate Director of Research, Dr. Bloom. who had served in that position since 1975. For the nine years previous to having assumed that position, Dr. Bloom had functioned as Wilford Hall's chief child psychologist at its Child Guidance Clinic. In talking with the director, the researcher learned that much data had been collected on

Child Guidance Clinic patients between the years 1967-1975, and that a number of published studies which made use of these data had been completed by Dr. Bloom and his colleagues. One of the studies included data on 310 children who had been evaluated during 1968 and 1969 at the clinic (Bemporad, Pfeifer, and Bloom, 1970). Included in this study was a description of the researchers' assessment of the value of the new Group for the Advancement of Psychiatry (GAP) classification of childhood disorders in use at WHMC Child Guidance Clinic for one year. The GAP classification was compared with the DSM III classification of mental disorders, and the findings were reflected in the following:

We have shown that the new diagnostic entities proposed by the GAP classification are useful to the child psychiatrist and that, in general, the GAP committee has evolved a system of fairly reliable and independent diagnoses (Bemporad, Pfeifer, and Bloom, 1970:664).

Of particular interest was that in studying the Child Guidance data for the year 1968, a significant relationship between the diagnosis of personality disorder and the parental factor of some father absence was found, and that this relationship was significant at the  $p < .02$  level of confidence ( $X(2) = 6.0186$ ). (Appendix A provides more information concerning this finding). Since a significant relationship between one diagnosis and father absence was found, the present study examined whether that same relationship might substantially be the same for those

other years in which data were collected (1967-1975), as well as what other childhood pathologies might be influenced by father absence in the military setting.

### Father's Influence on the Child's Development

There are four major theoretical perspectives concerning the impact of the father on a child's development (Lamb, 1981). These are discussed below.

Perhaps the most influential theoretical perspective has been Freud's psychoanalytic theory. Freud indicated that infants become identified with both parents. Initially, he thought the Oedipal phase of development was the most important and underscored the father's role. It was only later that Freud emphasized the influence of the mother-infant relationship and suggested that boys and girls form their most important relationships with their mothers (Freud, 1948, 1950).

According to psychoanalytic theory, it is during the Oedipal phase of the child's development that identification occurs, and this is intimately related to the development of gender role and identity and sets the stage for the formation of internalization of the superego, the sine qua non for the development of normal behavior (Freud, 1924, 1962, 1963). Freud (1950) felt that the young girl passes through this same phase, but that the process of identification and superego formation (and internalization) is not as thorough as for the boy.

Many psychoanalysts followed Freud in his assumption that women have weaker superegos than men (Deutsch, 1944). Since 1960, psychoanalysts have focused on the relationship between parent and child during the pre-Oedipal stage, with an emphasis on the mother-infant relationship (Escalona, 1968; Murphy and Moriarty, 1976). Although much of the psychoanalytic literature has failed to consider the nature and influence of the father-infant relationship in a systematic way (Ross, 1979), Mahler (1968) and her followers assumed that the mother-infant relationship necessarily develops first and suggested that the father then effectively lures the toddler away from its symbiotic relationship with the mother (Mahler, 1968). Other psychoanalysts have emphasized the role of the father in shifting the boy's identification away from the mother and toward himself (Boehm, 1930; Horney, 1933; Kestenberg, 1966, 1975; Gurwitt, 1976; Rose, 1977, 1979).

The second major theoretical perspective concerning the impact of the parent on the child's development is that of the attachment theorists. Their perspective emerged from that of the object relations theorists who placed emphasis on the very earliest months of life and almost exclusively, the mother-infant relationship. As discussed by Lamb (1981:9), Bowlby and his followers formed the attachment theory school which proposed that "infants...[are] born with a biologically based tendency to seek protective

proximity to and contact with adults."

Ainsworth, Bell and Stayton (1974), and Ainsworth, et al. (1978), proponents of attachment theory, taught that the security of the infant-adult relationship depends on the adult's ability to respond sensitively and appropriately to the infant's signals. The consequences for infants who experience secure relationships with their parent(s) are that they later generalize their cooperativeness and sociability to interactions with others, whereas those with insecure attachments generalize their anger or avoidance (Ainsworth, et al., 1978; Main, 1973; Thompson and Lamb, 1981).

Lamb (1981) related that attachment theorists recognize both the impact of father and mother, but that they maintain the tendency to underscore the dominance of the primary attachment figure, ordinarily the mother, to the infant. He pointed out that most of the recent literature on father-infant relations is dominated by this theory.

The third major theoretical perspective concerning the impact of the parent on the child's personality development is that of Parsons' elaboration on Freud's theory of identification (Bronfenbrenner, 1960, 1961a). This theory has been termed a role theory, and is touted more by sociologists than by psychologists, primarily because Parsons was a sociologist. According to Lamb (1981), Parsons saw the child's social world as consisting of one

the mother and child until the advent of the Oedipal conflict period during which time mother-child exclusivity gives way to incorporate the father. Lamb (1981:10) explained the Parsonian theory as follows:

...before then (the Oedipal conflict)...the mother played both expressive (nurturant, empathic) and instrumental (competence-directed, achievement-focused) functions in relation to the child. Thereafter, however, the father was established as the primary representative of the instrumental role and the mother played a more restricted expressive role.

This functional dichotomy, as portrayed by Parsons, points not only to parental role differences, but is also reflective of universal sex role differences (Barry, Bacon, and Child, 1953; Stephens, 1963; Zelditch, 1955). Biller (1974:13) emphasized, however, that

a basic assumption of Parsonian [theory] is that a child's learned behavior does not have to be typical of the parent with whom he identifies, but such behavior may be the result of the reciprocal role relationship in which the child and parent participate at various times. There are reciprocal roles which differ for male and female children.

It is the Parsonian perspective that holds fathers "responsible for introducing children to the sex role prescriptions of the wider world, and for communicating the values and morals of the society" (Lamb, 1981:10). It must be recalled that Parsons, in discussing the child's identification with the father, did not simply mean the assumption of personality traits, but rather the internalization of reciprocal role relationships. That is, the child identifies with the parent and, likewise, the



parent with the child in certain important respects (Parsons, 1958).

In the mid-60s, Johnson (1963) agreed with Parsons' definition of identification and described the mother as an "expressive" role player, a person concerned with the relationships among people. The father is considered an "instrumental" role player, a person concerned with pursuing goals beyond the immediate personal situation.

The fourth major theoretical perspective concerning the impact of the parent on the child's development is that of the social learning theorists. Many social learning theorists hold that behavioral shaping takes place via the processes of reinforcement and punishment and by identification or imitation. They also maintain that both of these processes are crucial in socialization and personality development (Bandura, 1977; Mussen, 1967). A significant number of social learning theorists also underscore the importance of learning which occurs without the aforementioned reinforcement and punishment (Bandura, 1968, 1977; Bandura and Huston, 1961; Mussen, 1967). For example, observation learning is the key process in sex role development. The father provides a role model of masculinity and achievement for his son and facilitates the feminine development of his daughter by discouraging masculine behavior on her part and encouraging (by reward) dependency, flirtatiousness, and other types of behavior

(Biller, 1971; Lynn, 1974). Nevertheless, social learning theorists apparently hold that fathers have more of an influence on the sex role development of boys (sons) than on girls (daughters).

Lamb (1981) critiqued the major perspectives concerning the impact of the father on the child's development. He stated that

...it is clear that there is a great deal of overlap and complementarity [among the major theoretical perspectives of the impact of the father on child development]. Social learning theorists, for example, have tried to understand the processes (e.g., imitation/identification, punishment, and reinforcement) whereby parents influence their children's development.

Psychoanalysts and Parsonian role theorists describe patterns of influence rather than mechanisms of psychological influence, whereas attachment theorists provide a perspective on human behavioral predispositions. All three schools assume that identification and behavioral shaping is important, although they do not consider how or why....Until recently these basic assumptions resulted from the theorists' informal observations, because there were no data available concerning the typical patterns of interaction and interrelation within the family. This seriously restricted the ability to shift from the level of general predictions to the level of specific, testable hypotheses, and it explains why descriptive analyses of family relationships are popular and why most of the research that has been conducted appears to be haphazardly atheoretical (Lamb, 1981:2).

Indeed, the major theoretical perspectives seem to overlap each other when considering the impact of the father on a child's development. In addition, all theorists seem to say in a specific (and sometimes indirect) way that, of the two parents, it is the mother in the very first years of development who seems to have the

predominating influence. It is quite likely that because of the overlapping of theories and of the commonly held assumptions among the major theoretical positions, a descriptive approach is very often used in analyzing family relationships.

#### Effects of Military Life on the Child's Development

Privitera (cited in Hunter, 1978) discussed the effect of military life on the preschool child. During the period from ages one to six, the child passes from total dependency to separation and individuation, to achieving object constancy, and to final integration among his or her peers. The child is very susceptible to stress during this developmental phase. Privitera stressed that it is the

social stresses inherent in military life [including military moves] which disrupt the continuity and emotional stability of the family that are most disruptive for the preschool child. More specifically, it is the episodic experience of transient father absence which has the most pathogenic effect on the child's evolving personality (Hunter, 1978:5).

In fact, Privitera argued that the crucial developmental crisis which is dealt with by the preschool military child is the programmed, intermittent and transient phenomena of father absence. Crumley (1973:782) agreed with this stance, apparent in his remark that "Military separations create a cycle of events resulting in significant developmental interferences for children."

Duffy (cited in Hunter, 1978) grappled with the effect of the military lifestyle on the latency age child (7 to 11 years). This is the timeframe where the child begins to move away from parents and peers into a more independent stance, developing more of a moral code, greater achievement, enhanced self-esteem, cooperation, and competition. Impairment of this life phase can result in personality dysfunction in later developmental stages. According to Duffy, this stage makes a very strong contribution to a child's social adjustment, which is most necessary for successful handling of the life stress associated with later stages.

Inbar (1976) also felt that latency age children are more susceptible to environmental crises than pre-latency or post-latency youths. His research findings suggested that family moves, whether single or multiple, have much more impact for the latency age child than on children in other developmental phases.

Shaw (cited in Hunter, 1978) dealt with the effect of the military family on the adolescent. He utilized Erikson's (1976) description of adolescence as a "normative crisis, a normal phase of increased conflict characterized by a seeming fluctuation in ego strength and yet also a high growth potential" (Hunter, 1978:11). Shaw made a passing comment regarding Darnauer's research with Army adolescents. In general, Darnauer's (1976) findings

indicated that the adolescents themselves, as well as their parents, did not view adolescence in the Army as dissimilar from adolescence in the civilian community. The one factor that did stand out between both groups was the military adolescent's vulnerability to relocation. The task of the adolescent is to give up his or her youthful dependency for the purpose of securing independence and autonomy. In the military atmosphere, according to Shaw, the social stresses on the adolescent are very much determined by what is on his or her mind.

Darnauer's (1976) research revealed that subjects felt the major negative influences stemming from military life were the required geographic mobility and the strong demand for compliance in personal behavior. Geographic mobility was much more disliked than the behavior issue, and was tied to the adolescent task of giving up friends, making new ones, and becoming re-integrated into new peer groups. Of particular note was that even though 75 percent of the subjects experienced father absence during the adolescence, this factor was rarely mentioned. At the completion of the study, Darnauer concluded that, from the point of view of the adolescent, adolescent life within the Army family is not unique. It seems illogical that this same adolescent sentiment could not be generalized to juveniles of the other military services as well.

Akerlund (1986) pointed out that deployment is peculiar to Navy families and that these families feel it is an unavoidable factor which they rate as being within the moderate to severe range of stressors, alongside serious physical illness, death, and divorce. Akerlund pointed out that there are two particularly critical areas for the Navy family with regard to deployments: "reestablishing intimacy with the spouse and reentering the family with a new baby, especially if it is a first baby born while the husband is gone" (Akerlund, 1986:55).

Jensen, et al. (1986) discussed the effects of war and combat on families and children. They described how in the Yom Kippur War, there was a demonstrated two-fold increase in anxiety in Jewish children from the beginning to the end of the war, and that wartime stresses "resulted in increased mother-child conversations and time spent together watching TV" (Jensen, et al., 1986:229).

Finally, Jensen, et al. (1986) examined the effects of geographic mobility on the military family and concluded that not even the best study available supported the hypothesis that there are any lasting negative effects of relocation on military children. They indicated that overall results from previous studies in this area suggested problems for the military family may surface with mobility, but that "these difficulties are probably time-limited" (Jensen, et al., 1986:230).

### The Concept of Father Absence

For purposes of this study, the term "father absence" was equated with "paternal deprivation." In general, the term paternal deprivation can mean the actual physical non-presence of the father, or the lack of a substantial or meaningful father-child interaction.

In order to understand the concept of father absence it may prove helpful to understand what father presence can mean for a child's formation. Past studies have confirmed that a father influences the child's morality, sex role, achievement, and psychosocial adjustment. Lamb (1981:29) reviewed some of the literature pertaining to the impact of paternal presence. Generally, it was found that "paternal presence is associated with greater ease in establishing satisfying peer relationships,... behavioral adjustment,... and later success in heterosexual relationships,... particularly in boys." A more detailed accounting of the affect of father presence on the development of the child was discussed earlier in this chapter.

The term paternal deprivation (or father absence) can mean total separation from the father, limited separation from the father, or psychological absence of the father. Often, many do not acknowledge that physical father absence can be considered father absence if the attachment of the child is to an ineffectual or emotionally disturbed father (Biller, 1972a). To really understand the impact of

paternal deprivation, many factors must be considered, including: type of deprivation (chronic, abbreviated, psychological, etc.), the child's age and sex, cause, the mother's means of coping with the absence, surrogate fathers, economic status of the family, and the quality of the mother-child interaction. The different levels of the aforementioned variables can change the impact of whatever the situation of the father absence might be. This only indicates that the phenomena of father absence is not an isolated event, and many factors can affect its intensity.

For instance, as mentioned previously, the age of the child at the time of father absence is crucial as to its impact. Most of the extant research underscores the argument that father absence before the age of four or five years has more of a negative impact on personality development than during a later developmental period. Biller (1968b, 1969b, 1974a) was able to consistently conclude that boys who experience father absence before the age of four or five have less masculine sex-role conflicts than either father-present boys or those boys who become father-absent at a later period in their lives. Hetherington (1966), in his research on early father absence, found that it is a phenomenon that is often related to a low level of independence and assertiveness in peer relations. Santrock (1970b) associated early father absence with feelings of mistrust of others and feelings of



inferiority. Siegman (1966) was able to relate early-on father absence with antisocial behavior. Finally, cross-cultural studies have suggested that the unavailability of fathers, combined with a very close and almost exclusive relationship with the mother during the first two to three years of life is often associated with sex-role conflict and sexual anxiety in both the adolescent and adult.

To reiterate, the concept of father absence is not an isolated phenomenon and can refer to the total separation of the child from the father, a limited type of separation (physical non-presence), or some level of psychological absence of the father from his child.

#### Reasons for Father Absence

Very few research reports have identified the causes of father absence among their samples (Shinn, 1978:312). When all is said and done, there are probably five causes of father absence: death, desertion, divorce, prolonged or periodic separation, and non-marriage (the initial relationship did not last). Most of the available research has been limited to an exploration of the effects of death and divorce, with much less attention given to the consequences of desertion, separation, or a non-prolonged relationship.

Death and divorce are both painful experiences for family members, though the more traumatic effect over an extended period of time appears to be loss by divorce

(Glickman, 1954; Russell, 1957). Illsley and Thompson (1961) found that divorce or separation had much more of a pronounced effect upon children than did death. Divorce tends to create an emotional distance between children and their fathers. The children are often unwilling to accept the fact that their father will never return to the family as a regular member. In fact, children of divorce keep the fantasy that their parents will reunite very close to their hearts and very alive in their thoughts.

In regard to the deserting father, there is some older research (Hill and Becker, 1942) which suggested that this type of father probably regrets the loss of his children more than the loss of his wife, and the loss of his role as parent more than the loss of his role as husband. In some later research, Zukerman (1950) found that in his day, the two leading causes of desertion appeared to be drinking and extramarital sex. There is also research to suggest that deserting fathers generally tend to be of low socioeconomic status (Kephart, 1961). Deutsch and Goldston (1960) studied desertion among spouses with disabled partners and found instances where wives deserted disabled husbands. In contrast, there were no disabled married women with children who were deserted by their husbands.

Not much is known about unmarried fathers who produce children from a very short-term relationship. There have been numerous studies of unwed mothers, however. The

dearth of information concerning unmarried fathers is undoubtedly related to the inaccessibility of this population. One study of unmarried couples, conducted by Sauber (1966), found that there was a positive correlation between the amount of time a couple knew each other before the conception of the child and the length of their interaction after the birth of the baby.

As discussed previously, there are multiple reasons for father absence, but the majority of research in this area has been related to death and divorce. This study was concerned with absence due to separation, a commonplace phenomenon within the military family and community.

#### The Effects of Father Absence

There have been numerous research attempts to delineate the effects of father absence upon the developing, emerging child. Most of the efforts have been directed at underscoring the negative effects of father absence. However, some studies have suggested positive effects relating to father absence, and others have indicated no appreciable effect, at least upon a child's cognitive performance. Whether the effects are positive or negative, however, a truly comprehensive study of the effects of paternal absence should take into account such factors as the child's sex, socioeconomic status, number of siblings, and type, onset, and duration of absence.

### Positive Effects of Father Absence

It is generally presumed that there are only detrimental consequences from father absence. Research conducted during the 1960s and 1970s has suggested otherwise, however.

Both Shinn (1978) and Hillenbrand (1976) touched upon some positive, or at least mixed, effects of father absence and they referenced research pertaining to this fact. Altus (1958), in a study of 50 male college freshmen, 25 from intact homes and 25 from divorced homes, found that linguistic scores were higher for the divorced parents' children.

Most of the research indicating some positive aspects of father absence refers to the effect of father absence on cognitive development. Carlsmith (1964) found indications in her research findings that a brief father absence relatively late in childhood may well produce a sharp increase in mathematical aptitude, as compared to verbal aptitude; an effect she did not find for her other father-absent subjects. Gregory (1965), in his research with college students, reported that many with father absence histories were academic achievers.

Pedersen (1966:326), in his study of male military dependents, found that "...some amount of father absence facilitates emotional adjustment among certain male military dependents, but the overall statistical evidence

for this interpretation is, in fact, not very compelling." Of note is that in his disturbed group, the extent of father absence was highly predictive of the findings of an independent index of emotional disturbance, the Rogers Scale of Adjustment.

Lessing, Zagorin, and Nelson (1970), in their study of 433 male and female child guidance clinic subjects, found that for boys, father absence was associated with lower arithmetic scores on the WISC, and that children with father surrogates scored between father-absent and father-present children. Albert (1971) found that exceptionally gifted children (those with IQs above 180) were often times found to have lost a parent before adulthood. Herzog (1974) found, in his study of 119 Barbados boys aged 6 to 15, that those with early or complete father absence did better on IQ tests, but worse on arithmetic tests.

In his research concerning the antecedents of schizophrenia, Carmezy (1974:107) observed stress-resistant, competent children and found that with these children, "father absence is not an uncommon feature." A year later, Jones (1975) found that father-present or early father-absent college students had lower verbal and mathematical aptitudes than late father-absent students.

Clearly, most of the cited research pertains to the impact of father absence as it relates to cognitive development. Below, the negative effects of father absence

are discussed.

### Negative Effects of Father Absence

Both Hillenbrand (1976) and Biller (1971) made extensive reference to the negative effects associated with the impact of father absence upon the child. Hillenbrand (1976:451) noted, as follows:

Father absence frequently has been related to adverse effects upon children, especially males. Among the findings are that such absence is related to increased dependency...lower scores on intelligence and achievement tests...a "feminine" cognitive patterning of verbal higher than mathematic ability...more feminine sex-role preferences...and other underlying feminine trends which may not be reflected in overt behavior....Psychiatric referrals indicate a higher incidence of emotional problems among persons who have experienced paternal absence during childhood.

In the area of cognitive functioning, Shinn (1978) reviewed 28 different reports of research concerning the negative impact of father absence upon children's performances. The studies cited were performed in the 60s and 70s, with the exception of one performed in 1930 by Sutherland. Sutherland studied the relationship between IQ and size of family in fatherless children. The results of her review of the literature showed evidence that "rearing in father-absent families or in families in which fathers have little supportive interaction with their children is often associated with poor performance on cognitive tests." The findings were generally consistent with the hypothesis that children's interaction with their parents fosters cognitive development and that a reduction in interaction

hinders it (Shinn, 1978:321).

Biller (1971), a highly publicized authority on paternal deprivation, noted the developmental difficulties the paternally deprived boy, particularly if from a disadvantaged background, is likely to experience. He stated that such a boy

...is more apt to experience difficulties in school, both academically and interpersonally. He may be threatened by the feminizing influence of the classroom and overgeneralize this attitude to many types of intellectual endeavors. He is likely to be insecure in peer relationships as well as in his relationships with authority figures. Not having a consistently interested adult male with whom to interact, he may become tied to his mother, or may become equally dependent on his peer group. He may be less able to act independently and competently. Lack of masculine behavior and/or compensatory overstriving are more frequent among inadequately fathered boys than they are among adequately fathered boys (Biller, 1971:80).

With reference to impulsive behavior and paternal absence, Mischel (1958) studied Caribbean children and found that seven to nine year old black West Indian children chose immediate gratification more frequently than did white West Indian children. The difference appeared to be related to a greater incidence of father absence among the black children. In a later work, Mischel (1961c) found that father-absent children showed a stronger preference for immediate gratification than did father-present children. In this same study, a closer look at the 11 to 14 year old age range revealed no association between father absence and a preference for immediate gratification.

Research has shown that paternal absence is related to a heightened sense of anxiety in children. Stolz (1954) found that four to eight year old children whose fathers were absent the first few years of life (secondary to military service) experienced more anxiety than children whose fathers were present. Leichty (1960) found that father absence was related to anxiety concerning mother-father sexual interaction in a sample of college males with a history of early childhood father absence. Finally, some research has suggested that a high level of anxiety is often the outcome of inadequate sex-role development (Mussen, 1961; Rosenberg and Sutton-Smith, 1964).

Hoffman (1971a) explored moral development and the influence of father absence and reported that father-absent seventh grade boys consistently scored lower on a variety of moral indices when compared to father-present boys. Whiting (1959) found evidence that paternal deprivation is negatively aligned with the strength of the child's development.

Juvenile delinquency originates from a variety of sources, but paternal deprivation appears to be a prime etiological and frequently contributing factor. Miller (1958) concluded that most lower class boys suffer from paternal deprivation and that their antisocial behavior is often an attempt to prove they are masculine. Five years later, Bacon, Child, and Barry (1963) conducted a cross-



cultural study and found that father availability was negatively related to the amount of theft and personal crime. Schaefer's (1965) study revealed that delinquent boys often perceived their father in a particularly negative manner. Finally, in analyzing the methodological defects of studies linking father absence and delinquency, Herzog and Sudia (1970) cited much evidence pointing to the lack of general family cohesiveness and supervision, as opposed to father absence per se, as the most significant factor associated with juvenile delinquency.

There is evidence indicating that father absence has an impact on interpersonal relationships. Stolz (1954) reported that those four to eight year old children who experienced father absence during the first few years of life had poorer peer relationships than did children who had not experienced father absence. Tiller (1958) studied Norwegian father-separated boys and found they had less adequate peer relationships than did boys with father presence. Cox (1962) implied that there is a consistency between boys' relationships with their fathers and with their peers.

It is evident from the literature that a positive father-son relationship gives boys a strong basis for successful peer interactions and that it is possible for this positive relationship to be hampered by instances of father abuse. Miller (1974:71) related that

during preadolescence and adolescence many father-absent boys feel that they have to continually prove themselves because they lack a secure masculine self-concept...lack of self-confidence and a high level of anxiety are not viewed as appropriate for males and can lead to further interpersonal difficulties.

Finally, in the area of adjustment within marriage, there is much evidence that the male's adjustment is related to his relationship with his father and his own parent's marital interaction (Barry, 1970; Cross and Aron, 1971).

Again, most research has been concerned with the negative impact of father absence. This section provided review of some of the more salient studies conducted.

#### Family Problems with Father Absence

A discussion of family problems which may arise from the absence of the father is a discussion concerning a variable which has a wide range of possible effects upon the family. Hamilton (1977) described the effects of father absence upon the family as a far more complicated matter than the simple absence of just one person from the family. He stated,

the effects vary, depending on the kind of relationship the father had with the children and the mother before his absence began, the cause and duration of his absence, and the availability of other adult males to the children. Father absence effects vary also with the age of the child when the absence began, presence of other developmental problems, sex and ordinal position of any siblings, behavior of the mother during the absence, and the socioeconomic status of the family, as well as other factors (Hamilton, 1977:51).

Biller (1974:90) cited studies by several researchers which all seemed to suggest that maternal overprotection is "a frequent concomitant of paternal deprivation." Infants tend to have their locomotor activities restricted and boys appear to suffer in terms of their masculine development.

Peck and Schroeder (1976) suggested that the mother may become caught up with fear and anger at the departure of her husband and may find herself withdrawing from the role of parent and becoming increasingly ineffective in handling her children's behavior. Furthermore, their research pointed out that the oldest child may be forced to take on the role vacated by the mother. This adoption of the parental role by the first-born can effect a loss of parental limits which produces the consequence of the mother becoming increasingly ineffective in handling any misbehavior in her children (Keller, 1973; Peck and Schroeder, 1976).

Pedersen (1966:329) cited research on sailor families which indicated that wives, as a result of their husbands' absences, became more isolated from social contacts, more over-protective, and more concerned about eliciting obedience from their children as compared to promoting their children's happiness and self-realization. Pedersen's research showed that mothers of disturbed children were more significantly disturbed than mothers of normal children when both groups experienced father

absence. These findings support the notion that the mother's particular emotional state has a strong mediational effect upon her child's reaction to father absence.

Hunter (1982) reviewed the literature concerning the impact of father absence on the family and the problems it can create. She found that recurring father absence is a constant threat to family stability and can lead to a sense of fragmentation and artificiality. For the military wife who is often times left with the responsibility of the remaining family members, father absence can create conflict and anxiety, or actually promote the development of greater maturity, self-sufficiency, and independence (Reinerth, 1978; Worthington, 1977). She went on to point out how the literature has associated physical health problems, as well as the following emotional reactions, with military wives whose husbands are absent: boredom, anger, guilt feelings, and sexual frustration (Decker, 1978; den Dulk, 1980; Landry, 1976; Lumsden, 1978; Peck and Schroeder, 1976). Younger and less mature servicemen and their families appear to be considerably more susceptible to the stresses of paternal deprivation. The military wife typically depends upon her own inner resources in coping with separation and typically achieves a successful adjustment after acquiring a motivation to adjust and an actual resignation to the reality of separation (McCubbin,

1980). Before making use of a formal support system for herself or her family, she typically first chooses informal assistance from family and friends (McEvoy, 1982).

The literature apparently suggests that it is the mother who "sets the tone" of the family response to father absence. Much of the problematic "spin off" from the absence of the father depends upon the emotional equilibrium of the mother and her attitudinal posture toward this reality.

Swift (1986:3) cited research on the effects of father absence on the military family. He noted that

the longer a father's absence, the more likely wives and sons were to be affected and the more lasting the effect was likely to be....Some sons tended to be immature, with poor relations with their peers and some problems with masculine identification. Daughters were less affected.

He went on to say that some evidence denotes a positive side of father absence for military families: it helps children learn to cope. On the other hand, "There was also evidence that families that coped well with a father's absence found it more difficult to integrate him back into the group when he returned" (Swift, 1986:3).

Jensen, et al. (1986:230) pointed out that children of cross-cultural military families experience a "greater incidence of self-doubt, questions about identity, and generally increased difficulties during father absence."

Sklar and Harris (1985:713) found that a child of a military family who suffered intermittent father loss could experience feeling "uncertain about whether his father will be there when needed, helpless about the possibility of influencing his environment, and emotionally numb to loss and reunion." This research group also felt that the child was required to deal with a lack of his mother's support for his grief and anger, secondary to her own struggle with her husband's absence, and to accommodate to frequent shifts of authority structure, all of which tended to "raise the child's anxiety and predispose him to depression and withdrawal" (Sklar, 1985:713). Sklar and Harris felt that the aforementioned negative effects of father absence are likely to be mitigated in the smaller military family by the mother and other siblings meeting the need for emotional support. In the large family, they claimed, the mother has less time for each child and the sibling relationships are likely to be characterized by increased competitive strivings.

#### Psychopathology and Father Absence

There is some research which indicates a relationship between inadequate fathering and the appearance of psychopathology. Becker (1959) and Peterson (1959) found that children who had conduct problems (e.g., impulsive control and aggressiveness) often had fathers who were poor enforcers of the rules of the household, especially those

laid down by the mother. Rosenthal (1962) found that deficient fathering could be related to a number of psychological problems in children, especially those of an antisocial nature. Block's (1969) work again underscored inadequate fathering as a major factor contributing to childhood psychopathology.

The literature suggests how inadequate fathering may be tied into a child's psychopathology. But what about father absence per se and its relationship with manifest psychopathology? Biller (1974:74) noted, "Lack of parental involvement and an excessive level of maternal influence in the family is particularly common in the development of psychopathology among males." Some studies have proposed that father-absent children behave in a significantly immature way and that their school adjustment is probably affected, both in an academic and interpersonal sense (Garbower, 1959; Russell, 1957; Seplin, 1952; Tuckman and Regan, 1966; Wylie and Delgado, 1969).

Research findings support the existence of a relationship between father absence and pathological feelings of loss and depression (Haworth, 1964; Hill and Price, 1967; Keeler, 1954). The research of Beck, Sehti, and Tuthill (1963) associated paternal absence before the age of four with depression. Other studies have reflected that a father loss between the ages of 10 and 14 is even more likely to bring about depression (Dennehy, 1966; Hill

and Price, 1967). There is also evidence of a high rate of father loss among those who attempt suicide (Gay and Tonge, 1967; Robbins, Schmidt, and O'Neal, 1957).

Sklar and Harris (1985) found that not only did children in general suffer from father absence, but, indeed, they especially suffered from intermittent absence as compared with the permanent loss from divorce or death. These researchers felt that the problem was even more compounded in large families, as the children generally experienced a lesser amount of parental care, often time leading to increased levels of sibling rivalry, anger, and deprivation. Smaller families did, however, suffer from moderately high levels of hyperactivity and impulsiveness. They found that compared with permanent loss of a parent, those with a temporarily absent parent showed higher levels of hypochondria, impulsiveness, hysteria, gender identification problems, and extremes in introversion and extroversion.

Jensen, et al. (1986:226) discovered in their review of the literature that "the prevalence of psychiatric disorders in military children vary widely, ranging from one to thirty-five percent." They concluded the following from their review of the military father-absence literature:

...relatively brief father absences (i.e., less than 1-2 years) are associated with temporary behavioral and emotional symptoms in family members, particularly wives and sons. The reintegration/reunion process is



critical to the resolution of these difficulties.  
Absence of greater length, frequency, or under combat  
or wartime conditions may exert more persistent effects  
(Jensen, et al., 1986:228).

## Chapter Three

### METHOD

In this chapter the method and procedures of the study are described. For the purpose of presentation, the chapter is divided into five sections: Design of the Study, Statement of the Null Hypotheses, Description of the Subjects, Procedures and Description of the Research Instrumentation, and Treatment of the Data.

#### Design of the Study

Fundamentally, a comparative design was utilized. The relationship between father absence and the diagnosed psychopathology of the subjects was examined by making use of the Statistical Package for the Social Sciences (SPSS) and the statistical approaches of analysis of variance, correlation, Student-Newman-Keuls Multiple Range Test, and a simple t-test.

Sensitivity toward patient confidentiality was built into the research process by identification of each patient by case number. The actual names of patients were not computer retrievable.

The use of experimental and control groups of subjects was negated by the use of a clinical sample of convenience.

Bloom (1971:16), former Assistant Director of Research at Wilford Hall USAF Medical Center, utilized the same population as did this study, and found that "military dependent children psychiatrically were much the same as their civilian counterparts."

### Statement of the Null Hypotheses

For purposes of testing, the hypotheses are restated below in their null form:

Hypothesis 1. There are no significant differences among GAP diagnostic groups relative to number of father absences in military dependent children under the age of 18.

Hypothesis 2. There are no significant differences in the severity of the primary diagnoses in military dependent children under the age of 18 with regard to number of father absences.

Hypothesis 3. There are no significant differences among GAP diagnostic groups for first-born, middle-born, and last-born military dependent children under the age of 18 relative to father absence.

### Description of the Subjects

The subjects used in this research were drawn from the 3,252 military dependents who presented to the Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas Child Guidance Clinic between the years 1967 and 1975. An

extensive analysis of the patients' demographics was accomplished by the Associate Director of Research on this patient population for the years 1968-1970, and the results of this research, which reflect the overall population group of the present study, have been published (Bloom, 1971). Bloom (1971) pointed out that there was nearly a 2:1 boy-girl ratio. The referrals came from within the medical center itself, from local Air Force hospitals and clinics, and from Air Force hospitals and clinics around the world. Patient ethnic differences were accounted for with the descriptors of "Negro," "White," and "Other." There was no reflection of socioeconomic status except for the categories of "Officer" or "Enlisted" which were placed under the larger category of "Father Status."

The data for each subject were gathered with the use of a 50-item data sheet for each patient. These data were later transformed into a computer statistical format for analysis purposes (Appendix B). This 50-item data form had four categories: Patient Information, Social History, Psychological Data, and a Psychiatric Section. The Patient Information section was completed at the reception office by an administrative assistant and contained such information as source of referral and parental age. The Social History section usually completed by the social worker after the interview with the parents of the patient and dealt with such matters as reason for referral, medical

and social histories, marital history of the parents, and sibling order. The Psychological Data section dealt with either the need for testing of certain patients or the results of accomplished testing. The Psychiatric Section related the diagnosis rendered and the treatment recommendations which had been accomplished by a child psychiatrist.

The data for this research were obtained from a clinical sample of convenience. The most widely cited example of this type of data gathering was a study performed at the Berkeley Guidance Center by Macfarlane, Allen, and Honzik (1954). It should be noted that the data of the present study directly reflect the observation and evaluation of children's behavior by trained observers and clinicians. Although the data available for this research related to the dependents of active duty, retired, and deceased military, only the data on the dependents of active duty military were dealt with statistically in order to limit the focus of the study.

#### Procedures and Description of the Research Instrumentation

The study was accomplished in support of a long-term continuing study of military children and their families at Wilford Hall Medical Center in San Antonio, Texas. The ongoing research title was "A Study of the Characteristics of Patients in a Child Guidance Clinic." The methodology

for collecting the data was comprehensively explained in a published presentation at the Air Force's 18th Annual Behavioral Science Symposium (Bloom, 1971). As each patient went through the diagnostic process of the clinic, information was recorded on a locally designed 50-item data form which then became a part of each patient's file. The first section, Patient Information, was completed at the clinic's reception office and included information concerning name, number, age, school grade, and source of referral. The Social History section, completed by the social worker after interview with the patient's parents, reflected the reason for referral, medical and social history, and other pertinent family information. The section on Psychological Data included results of psychological testing which may have been administered. The Psychiatric Section was completed by the child psychiatrist after his interview with the patient and included the diagnosis as well as treatment recommendations.

The completed data form was withdrawn from the patient's file and utilized to prepare IBM cards for subsequent storage of the data on tape at Brooks Air Force Base. This method of data collection was later employed by the Bexar County Hospital and the Associated University of Texas Medical School in San Antonio, Texas, as a basis for developing their own system of patient data collection.

Access to the stored patient data for the WHMC Child Guidance Clinic during the years 1967-1975 was obtained from the Commander of the School of Aerospace Medicine at Brooks Air Force Base (San Antonio, Texas). Requests for the data and computer support were made by both the researcher and the Director of Research in Mental Health at WHMC. The data sciences section of the School of Aerospace Medicine (SAM) was directly responsible for, and authorized, access to the data.

#### Treatment of the Data

When analysis was accomplished to determine whether there were any significant differences among the childhood disorders of military dependents under the age of 18, only dependents of active duty personnel were considered. This helped limit the focus of the study. The Statistical Package for the Social Sciences (SPSS) was utilized and included the following approaches: A one-way analysis of variance was the primary statistical approach used for all three hypotheses. Further processing was accomplished with the first hypothesis using the Student-Newman-Keels Multiple Range Test Procedure as well as a simple t-test. Additional processing was conducted with the second hypothesis making use of Kendall's Tau in order to more fully understand the relationship between the severity of the primary diagnosis and number of father absences.

## Chapter Four

### RESULTS

This chapter presents the findings regarding each of the null hypotheses of the study.

#### Demographic Data of the Subjects

The subjects of this research were drawn from the 3,252 military dependents of active duty who presented to the Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas between the years 1967 and 1975. Of these cases, 1,060 were used in the research, as they were associated with some type of father absence. All subjects were under 18 years of age. Of the 1,060 cases, 1,001 were diagnosed according to severity as follows: mild (233); moderate (583); and severe (185). Subjects were also divided into the following GAP diagnostic categories: Healthy Responses (65); Personality Disorders (61); Psychophysiologic Disorders (25); Reactive Disorders (110); Psychoneurotic Disorders (1987); Other Disorders (58); Developmental Disorders (220); Mental Retardation (120); Psychotic Disorders (203); and Brain Syndromes (12).

No other demographic data were available for the subjects of this study.



### Hypotheses Testing

The primary purpose of the study was to determine the impact of father absence on the diagnosed psychopathology of dependent military children under the age of 18 years who presented to the Child Guidance Clinic at the Air Force's Wilford Hall Medical Center between the years 1967 and 1975. A hypothesis-analysis-summary style of data examination was employed. Below, the three null hypotheses of the study are presented, along with the results of the analysis and a summary statement concerning overall findings.

#### Hypothesis 1

The first null hypothesis stated that no significant differences among GAP diagnostic groups relative to the number of father absences exist in military dependent children under the age of 18. A one-way analysis of variance (ANOVA) was utilized (see Table 1), and produced an F ratio of 1.76 ( $p > .05$ ). Based on this finding, the null hypothesis was not rejected. No significant difference was established between GAP diagnostic groups relative to father absence.

Table 1

Analysis of Variance of the GAP Classification of  
 Childhood Disorders Among Military Dependent  
 Children Under the Age of 18  
 Relative to Father Absence

Source	SS	df	MS	F ratio	P
Between Groups	13.61	9	1.51	1.76	.07*
Within Groups	901.21	1051	.86		
Total	914.81	1060			

\*Not significant.

There was no significant difference among the primary diagnoses rendered with regard to father absence at the  $p < .05$  level. When further statistical analyses were conducted utilizing the Student-Newman-Keuls Multiple Range Test Procedure, it was observed that all children diagnosed as having healthy responses had fewer father absences (.74 mean) than the other GAP categories (see Table 2). Those children diagnosed as having brain syndromes had the highest number of father absences.

A t-test was conducted for comparison of healthy responses to other GAP diagnoses, and a significant difference between this group and the Psychotic Disorders and Brain Syndrome groups was evidenced. The t-test comparing healthy and psychotic diagnoses groups produced a two-tail probability of .048. The t-test comparison of healthy and brain syndrome groups produced a two-tail

probability of .003. These t-tests indicated a real difference between the means of the healthy group and the psychotic and brain syndrome groups relative to father absence.

Table 2

Student-Newman-Keuls Multiple Range Test Procedure  
for GAP Classification of Childhood Disorders  
Among Military Dependent Children Under the  
Age of 18 Relative to Father Absence

Diagnosis	Number of Father Absences Group Mean
1) Healthy Responses	.74
2) Personality Disorders	.84
3) Psychophysiologic Disorders	.84
4) Reactive Disorders	.85
5) Psychoneurotic Disorders	.85
6) Other Disorders	.93
7) Developmental Disorders	.93
8) Mental Retardation	.98
9) Psychotic Disorders	1.03
10) Brain Syndromes	1.67

### Hypothesis 2

The second null hypothesis stated that no significant differences in the severity of the primary diagnosis exist among military dependent children under the age of 18 with regard to number of father absences. Table 3 contains the results of a one-way analysis of variance (ANOVA) which produced an F-ratio of .42 ( $p = .66$ ). There were no significant differences established among the means, and this allowed for the analysis to be terminated. Based on

these data, the null hypothesis was not rejected, as there were no significant differences among military dependent children under the age of 18 who had encountered father absence relative to the severity (mild, moderate or severe) of their primary diagnoses.

Table 3

Analysis of Variance of the Severity of the Primary Diagnoses Among Military Dependent Children Under the Age of 18 Relative to Father Absence

Source	SS	df	MS	F ratio	P
Between Groups	.74	2	.37	.42	.66*
Within Groups	877.41	998	.88		
Total	878.16	1000			

\*Not significant

Correlational analysis of the severity of the primary diagnosis and the number of father absences among military dependent children under the age of 18 was processed to gain greater understanding of the relationship. Use of Kendall's Tau produced a nonparametric correlation coefficient of .009 ( $p = .38$ ). Based on the data obtained, there was no significant correlation established between the number of father absences and the severity of the primary diagnosis.

### Hypothesis 3

The third null hypothesis stated that no significant differences among GAP diagnostic groups exist between the first-born, middle-born, and last-born military dependent children under the age of 18 relative to father absence. A one-way analysis of variance was utilized, which produced an F-ratio of .69 ( $p = .50$ ). As seen in Table 4, there were no significant differences among the means (group means). Based on these data, the null hypothesis was not rejected, as there were no significant differences established in the average number of father absences with regard to birth order within the family.

Table 4

Analysis of Variance of First-Born, Middle-Born,  
and Last-Born Military Dependent Children Under  
the Age of 18 Relative to Father Absence

Source	SS	df	MS	F ratio	P
Between Groups	1.17	2	.59	.69	.50*
Within Groups	951.06	1114	.85		
Total	952.23	1116			

\*Not significant

## Chapter Five

### SUMMARY, SUPPLEMENTAL FINDINGS, CONCLUSIONS DISCUSSION AND RECOMMENDATIONS

This chapter summarizes the dissertation, indicates supplemental findings, states the conclusions from the research, discusses the implications arising from the results, and finally, makes recommendations regarding future research in this area.

#### Summary

The purpose of the study was to estimate the impact of active duty military father absence on the diagnosed psychopathology of military dependent children. The study was an extension of earlier research which strongly implies that there are detrimental effects as a result of father absence. Father absence is a common occurrence, especially within the military lifestyle, and this research looked closely at the relationship of father absence to the pathology presented at an Air Force medical center's child guidance clinic over an eight year period.

The problem the study addressed was the influence of father absence on the manifest psychopathology of military dependent children who presented at Wilford Hall USAF

Medical Center in San Antonio, Texas.

A review of the literature provided discussion of four major theoretical perspectives concerning the impact of the father on the child's development: psychoanalytic theory, attachment theory, Parsonian theory, and social learning theory. These theories were found to often overlap, and to generally emphasize the criticality of the mother during the first years of development.

Most of the research on the effect of military life on the developing child is comparatively recent and typically points out the negative impact often associated with frequent moves and the periodically required absence of the father. A leading authority on the quality of military life indicated that it is no less than the transient father absence of the military lifestyle that renders the most pathogenic effect on the evolving personality of the military child.

The concept of father absence is considered related to the actual physical non-presence of the father or the lack of a substantial or meaningful father-child interaction. For the purpose of this study, the physical non-presence of the father was the primary definition of father absence. There are five main causes of the physical non-presence of the father: death, divorce, non-marriage, and sporadic or prolonged separation. The majority of the research concerns itself with the reasons for death and divorce,

allowing the rather sizable population group of the military family, with its enforced sporadic paternal absences, to "take a back seat" by default.

The effects of father absence are viewed as either "negative" or "positive." Most of the literature is concerned with the negative aspect of father absence, relating it to such areas as heightened anxiety, impulsive behavior, juvenile delinquency, moral development, and interpersonal relationships in general. Finally, in the area of adjustment within marriage, there is much evidence that the male's adjustment is predicated on his relationship with his father and his own parents' marital interaction.

Family problems emanating from the de facto absence of the military father are many, and this recurring phenomenon has been seen by one authority of the military family as a continuing threat to family stability, leading to a sense of fragmentation and artificiality. Often times it can provoke boredom, anger, guilt feelings, and sexual frustration in wives, not to mention the emotional and developmental consequences for children.

Literature relating to psychopathology and father absence is sparse, though occasional studies were conducted from the mid-50s to the mid-70s which studied problems with impulse control and aggressiveness, as well as immaturity and cases of depression and suicide.



The subjects of the present study were drawn from the 3,252 military dependents who presented to the Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas Child Guidance Clinic between the years 1967 through 1975. An extensive analysis of patient demographics was accomplished by Wilford Hall's Assistant Director of Research (Bloom, 1971). There appeared to be a boy-girl ratio of 2:1. Patients came from within the medical center itself, local Air Force hospitals and clinics, and from other Air Force hospitals and clinics around the world. The categories of ethnic placement included "Negro," "White," and "Other." The only indication of socioeconomic status was the category of "Father Status" which was comprised of the sub-categories of "Officer" and "Enlisted." Although the patients who presented to the clinic were the dependents of active duty, retired, or deceased military, for purposes of this study it was decided to limit the subjects to dependents of active duty so as to give the research greater focus.

The data for each subject were gathered with the use of a 50-item data sheet which was later transformed into a computer-statistical format for analysis purposes. These data were subsequently stored on tape at the School of Aerospace Medicine at Brooks Air Force Base. Access to this stored data was obtained from the commander of the school. The data were obtained from a clinical sample of

convenience and reflect the observations and evaluations of children's behavior by trained observers and clinicians.

Fundamentally, the research design was a comparative one. The relationship between father absence and the diagnosed pathology of the subjects was examined by making use of the SPSS package and the basic statistical approach of analysis of variance. Further processing of the data utilized a multiple range test, correlational analysis, and a simple t-test. Sensitivity regarding patient confidentiality was observed.

Although use of a clinical sample of convenience for the purpose of research negated the use of experimental and control groups of subjects, Wilford Hall's Assistant Director of Research found, in his study of the same patient population, that "military dependent children psychiatrically were much the same as their civilian counterparts" (Bloom, 1971:16).

All null hypotheses were tested by means of analysis of variance. No significant differences at the .05 level of confidence were established among GAP diagnostic groups relative to the number of father absences for military dependent children under the age of 18. Additionally, no significant difference was established in the severity of the primary diagnoses among military dependent children under the age of 18 with regard to number of father absences. Finally, there were no significant differences

established for GAP diagnostic groups among first-born, middle-born, and last-born military dependent children under the age of 18 relative to father absence.

#### Supplemental Findings

Findings related to the first hypothesis were not significant. However, because the p-value of .07 suggested a trend, a t-test between the means of the Healthy Response group and the Brain Syndrome group was conducted. The p-value for this analysis was .003 ( $p < .05$ ). Furthermore, a comparison of mean father absences between the Healthy Response and Psychotic Disorder groups produced a p-value of .048. Finally, it was found that Healthy Response children had fathers with fewer absences (.74 mean average) as compared with Brain Syndrome children who had the highest average number of father absences (1.67 mean average).

#### Conclusions

Based on the results of the analysis of the data it was concluded that the childhood pathology of military dependents children is not systematically affected by father absence. It was further concluded that the existence of father absence does not affect the severity of diagnosed childhood psychopathology. Finally, it was concluded that no difference exists among GAP diagnostic groups of first-born, middle-born, and last-born military

dependent children under the age of 18 relative to father absence. It is important to the understanding of the military family to appreciate that the present research produced results contradictory to the often held bias concerning father absence in the military setting. Father absence was not found to impact regularly on the psychopathology of the children of active duty military. Thus, variables other than father absence must influence the pathology of military dependent children.

### Discussion

Although there was no significant main effect for father absence for the diagnosed psychopathology of military dependents under the age of 18, the obtained value of  $.07 p =$  was suggestive and led to the use of a t-test to compare patients with healthy responses to those with pathological presentation. Mean number of father absences were compared to determine any significant differences between these groups. A significant difference was established between the Healthy Response group and the most pathological GAP patient groups of Psychotic and Brain Syndrome. This finding appears to suggest that number of father absences may have more of an impact in the more extreme areas of psychopathology.

It is interesting that Bloom and Pfeifer's 1969 research with a similar patient group of a lesser number (211) established a significant relationship between "some

father absence" and the diagnostic category of Personality Disorder. The current study involved 61 cases of personality disorder. Bloom and Pfeifer's study included the dependents of both active duty and retired, whereas this study included only dependents of active duty. They found 49 cases of personality disorder, with 31 of these having experienced "some father absence." There was no significant difference between the healthy patient group and the personality disorder group relative to number of father absences. A t-test elicited a two-tail probability of .524. Perhaps the size of Bloom's sample, if not his methodological approach, impacted significantly on his findings.

Sklar and Harris (1985), in their research on the effect of parent loss during the first 18 years of life, utilized the MMPI and found that those from intact families had more of a neurotic profile, and that those whose families had suffered loss exhibited a pattern which tended toward a psychotic profile. In a similar vein, the present research was suggestive of an interaction between father absence and childhood psychopathology. Furthermore, Sklar and Harris found that parental loss had much more of an impact on large, as compared to small, families, especially when it was intermittent loss as opposed to permanent loss. Their findings have implications for the military family of varying size which rather consistently is forced to deal

with parental absence of the intermittent type.

Sklar and Harris (1985) studied adult military males who had suffered parental deprivation prior to 18 years of age, making use of the MMPI in a post factum design. They found that those who came from intact families in their childhoods (i.e., experienced no parental deprivation) exhibited more of a neurotic psychological profile, while those who had experienced parental loss produced a more pathological profile resembling psychosis.

In consideration of the above findings, it may be that any resultant psychopathology secondary to early-on paternal/maternal deprivation does not surface in any significant manner until the child enters his or her adult years. This may be why the present study did not find any significant relationship between paternal deprivation and childhood psychopathology. It may well be that any truly negative effects of early paternal deprivation are delayed until after the age of 18. It could be that in father-absent families, mothers serve the roles of both father and mother while the father is away, negating any significant impact of father absence on the emotional state of the child. Perhaps childhood disorders in paternally deprived families should be viewed more as disruptions in family routine, brought on by the father's intermittent exits and re-entries. Then again, it may be that the mother's and children's attitudes toward father absence, as compared to

the fact of his absence, make all the difference.

If father absence is not associated with the severity of military children's diagnosed psychopathology, it is commonly acknowledged to have some affect on the emotional equilibrium of the family. Perhaps it is a life stress which, in the final analysis, strengthens rather than weakens, the positive growth of individual family members or the family as a whole. If this is the case, then specific approaches need to be investigated which would facilitate and enhance the military family's interaction with the stress of paternal deprivation. The personal characteristics of military wives and children who are commendably competent in the face of paternal deprivation have already been studied. The extent to which these characteristics can be instilled or enhanced in the military family subject to paternal absence may well be the measure of that family's coping ability with intermittent paternal absence.

#### Recommendations

Many variables which appear to impact the effect of paternal deprivation on the military family are in need of further exploration. Some of these include: mother's general level of mental health; socioeconomic level of the family; age of children at onset of paternal absence; family size; family support systems prior to and during the deprivation period; and family interaction prior to and

during the paternal absence. Furthermore, especially with the apparently greater influence of father absence on the larger family unit, it would be helpful to determine whether birth order makes a difference in sibling coping ability. It may well be that what is required to finally resolve the question of the impact of paternal deprivation on the military child is a longitudinal study of the problem which makes use of a rigorous methodological approach to observing military dependent children both during their developmental and adult years. Again, the implication from the study of Sklar and Harris (1985) is that if father absence does have a negative impact upon a child, it may only be when the child reaches adulthood that the effect of this becomes significantly manifest.

It is strongly recommended, for the overall well-being of the active duty military family, that further research be pursued concerning the combination of conditions which could cause military dependent children to manifest pathological conditions.



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## APPENDICES

Appendix A

PARENTAL FACTORS OF 211 CHAP CLINIC  
PATIENTS (1968)

PARENTAL FACTORS OF 211 CHAP CLINIC  
PATIENTS (1968)

Table 5  
Military Status, Father

Status	Active	Retired	Total
Enlisted	135	28	163
Officer	35	13	48
Total	170	41	211

Table 6  
Number of Marriages

	First Marriage	Two or more Marriages
Men	138	54
Women	124	68



Table 7  
Father Absence

Diagnosis	No Absence	Some Absence
Healthy Responses	9	7
Reactive Disorders	24	22
Developmental Deviations	16	12
Psychoneurotic Disorders	12	10
Personality Disorders*	18	31
Psychotic Disorders	4	3
Psychophysiologic Disorders	1	1
Brain Syndromes	9	8
Mental Retardation	9	4
Other Disorders	10	1
Total	112	99

\*This diagnosis related to father absence was significant at  $p = .02$ ,  $x = 6.0186$ .

Appendix B

CHILD GUIDANCE CLINIC: COMPUTER  
STATISTICAL CODING

CHILD GUIDANCE CLINIC: COMPUTER  
STATISTICAL CODING

Admission Data

CODE	COL. #	PATIENT IDENTIFICATION
1	1	IBM Card Number
	2-5	Year of Referral and Case Number
	6-9	Date of Referral: Mo.____ Day____
	10	Sex: 1-Male 2-Female
	11-12	Age, as of Last Birthday
	13-16	Birthdate: Yr____ Mo____
	17-18	<u>School Grade</u> (for regular class show grade in 2 digits i.e., 06) 51-Special Education 60-Nursery School 61-Kindergarten
	19	<u>Number of Different Schools Attended</u>
	20	<u>Supplementary Instruction</u> 0-None 1-Speech Therapy 2-Remedial Reading 3-Remedial Math 4-Remedial Reading & Math 5-Language Therapy 6-Speech Therapy & Language Therapy 7-Speech Therapy & Remedial Reading 8-Language Therapy and Remedial Reading 9-Other
	21	<u>Type of Evaluation</u> 0-Full 1-Testing Only 2-Partial 6-No Diagnosis, Withdrawn or Referred 7-Crisis Intervention After Screening

CODE	COL. #	PATIENT IDENTIFICATION
1	21	8-Referred Privately Immediately After Screening 9-No Testing
	22	<u>Source of Referral</u> 1-Parent or Self 2-School 3-Medical WHMC Ped 4-Other WHMC Medical 5-SA-AF Hosp 6-AF Hosp, Other 7-Other
	23	<u>Father Status</u> (Officer, Enlisted, Active, Retired)  <u>Active</u> 1-Enlisted 2-W/C 3-Commissioned Officer  <u>Retired or Deceased</u> 4-Enlisted 5-W/O 6-Commissioned Officer 9-Other
	24	<u>Rank</u> (Use Number of Pay Grade: 4, 3, etc.
	25	<u>School District</u> 1-NE 2-NS 3-SA 4-South SA 5-Harlandale 6-Edgewood 7-Military (Lackland, Randolph) 8-Other Within SA Area (Alamo Heights, Judson, Southside SA, Schertz-Cibolo, Private) 9-Outside Immediate Area (Distant Schools) 0-None
	26	<u>Total Siblings in Family</u> (Including Patient)
	27	<u>Total Siblings in Home</u> (Including Patient)

CODE	COL. #	PATIENT IDENTIFICATION
1	28	<u>Race</u> 1-Negro 2-White 3-Other
		SOCIAL DATA
	29-30	<u>Presenting Complaint</u> (Reason for Referral)
		<u>Behavioral Complaint</u>
		11-Negativism, Oppositional
		12-Hyperactivity, Impulsiveness, Distractible
		13-Aggressive, Destructive, Temper Tantrums
		14-Withdrawn-Mainly Inwardly Directed Symptoms (i.e., Anxiety, Depression, Worried)
		15-Habit Disturbance (i.e., Enuresis, Nail Biting, etc.)
		16-Severe Miscellaneous (e.g., Suicide Attempt, Runaway)
		17-Minor Miscellaneous (e.g., Just Doesn't Get Along)
		<u>Academic Complaint</u>
		21-Nonspecific Academic Problems
		22-Language or Reading Disability
		23-Arithmetic
		24-"Underachiever"
		<u>31-Other Than Behavior or Academic Complaint</u>
31		<u>Patient and Mother Were Separated for a Period of 3 Months or More When Patient Was</u>
		1- 0-6 Months
		2- 6-18 Months
		3- 18-36 Months
		4- Mother and Patient Separated for a Year or More When Patient Was 3 to 4 Years
		5- 4 to 5 Years
		6- 5 to 6 Years
		7- 6 to 7 Years
		8- 7 to 8 Years
		9- 8 or Older
		0- No Significant Absences
	32-33	<u>Verified Complaint</u> (Reason for Referral) (Use Code as Above)

CODE	COL. #	SOCIAL DATA
1	34-35	<u>Secondary Verified Reason for Referral</u> (Use Code as Above)
	36	<u>First Recognized Academic Problem at</u> 0-None Recognized 1-Preschool or Kindergarten 2-Grades 1-2 3-Grades 3-6 4-Grades 7-9 (Middle School) 5-Grades 10-12 (High School)
	37	<u>First Recognized Behavior Problem at</u> 0-None Reported 1-Years 0-2 2-Years 2-4 3-Years 4-6 4-Years 6-8 5-Years 8-12 6-Years 12-15 7-Years 15-18
	38	<u>Significant Difficulties During Pregnancy or Delivery</u> 0-No 1-Yes 9-Not Known or Undetermined
	39	<u>Birth Weight</u> 1-Less Than 4.5 Lbs. 2-Between 4.5 and 5.5 Lbs. 3-More than 5.5 Lbs. 9-Not Known
	40	<u>Significant Developmental Lag During First 2 Years</u> 0-No 1-Yes 9-Not Known
	41	<u>Birth Order</u> (When Only 2 Children, No Middle) 0-Only Child 1-First Child 2-Middle Child, First of Sex 3-Middle, With Other of Same Sex Both Older and Younger 4-Middle and Last of Sex, But Has Younger Sibling of Different Sex 5-Last Child
	42	<u>Present Parental Status</u> 0-Both Natural Parents of Patient 1-Neither Natural Parents of Patient 2-Natural Mother-Stepfather or Adoptive

CODE	COL. #	SOCIAL DATA
1	42	3-Natural Father-Stepmother or Adoptive 4-Mother Only Present in Family 5-Father Only Present in Family 6-Neither Natural Parent - Child Adopted
	43	<u>Total Marriages of Each Spouse</u> Father: (0-None, or 1, 2, 3, as appropriate)
	44	Mother: (0-None, or 1, 2, 3, as appropriate)
	45	<u>Parents Now Separated</u> 0-Not Separated 1-Divorced 2-Widowed 3-Separated but Neither Divorced or Widowed
	46-47	<u>Father</u> <u>Education</u> (Highest Grade Completed Through High School) 1-8 Elementary 9-12 High School 13-Some College 16-Bachelors Degree 17-Some Post Graduate 18-Graduate Degree (Masters or Doctors) 99-Unknown
	48-49	<u>Mother</u> <u>Education</u> (Highest Grade Completed Through High School - See Above)
	50-51	<u>Father Was First Absent for a Year or More While Patient Was</u> <u>Years Old (Nearest Birthday. If Less Than 1, Mark 1)</u> 00-Not at All 99-Unknown
	52	<u>Father Absent for How Many Periods of a Year or More Before Patient Was 20 Years Old</u> 0-None 1-One Period 2-Two Periods of Absence, etc. 9-Not Known

CODE	COL. #	SOCIAL DATA
1	53	<u>Father on Orders for Unaccompanied Tour or Now Absent</u> 0-No 1-Yes 9-Deceased or Does Not Apply
	54	<u>Previous Psychiatric Contact of Family Members</u> 0-None 1-Patient 2-Mother 3-Father 4-Sibling 5-Family Group 6-Combination of Any of the Above (Excluding 0) 9-Not Known
		PSYCHIATRIC DATA
	55-59	<u>Date of WHMC CGC Diagnosis:</u> Yr ____ Mo ____ Day ____
	60	<u>Primary Diagnosis</u> (See Reference Sheet for Coding)
	61-62	Sub-Category 1 (00 If Not Applicable)
	63-64	Sub-Category 2 (00 If Not Applicable)
	65	<u>Secondary Diagnosis</u> (If Applicable, Otherwise Use 0)
	66-67	Sub-Category 1 (00 If Not Applicable)
	68-69	Sub-Category 2 (00 If Not Applicable)
	70	<u>Duration of Primary Diagnosis</u> 0-Not Applicable 1-Acute 2-Chronic
	71	<u>Severity of Primary Diagnosis</u> 0-Not Applicable 1-Mild 2-Moderate 3-Severe
	72	<u>Duration of Secondary Diagnosis</u> 0-Not Applicable 1-Acute 2-Chronic
	73	<u>Severity of Secondary Diagnosis</u> 0-Not Applicable 1-Mild 2-Moderate 3-Severe



CODE	COL. #	PSYCHIATRIC DATA
1	74	<u>Medical Diagnosis Not Covered Under Categories Above</u> 0-None 1-Medical Diagnosis Only 9-Case Closed, Withdrawn
	75	<u>Treatment Recommended, Primary</u> 0-No Treatment Indicated  <u>Therapy</u> 1-Individual 2-Family Long Term 3-Family Brief 4-Group 5-Behavior 6-Drug Clinic 7-Parent Counseling (Individual, Group or Education) 8-Special Education 9-Other
	76	<u>Treatment Recommended, Secondary or Additional (Use Code Above)</u>
	77	<u>Primary Place of Treatment</u> 1-WHMC Child Guidance Clinic 2-WHMC (i.e., Ped, MH, etc.) 3-Other Military Medical Facility 4-Community Guidance Clinic (e.g., Bexar County) 5-Private Therapist 6-Public School: Tutor, Remedial, Reading, etc. 7-Public School: Special Education 8-Placement (Hospital, Residential Center, Foster Home, etc.) 9-Other
	78	<u>Secondary Place of Treatment (See Above)</u>  TEST DATA
2	1	IBM Card Number
	2-5	Number (Year of Referral__ Case #__)
	6	<u>Intelligence Tests</u> 1-WISC 2-WPPSI 3-WAIS

CODE	COL. #	TEST DATA
2	6	4-Stanford-Binet 5-Leiter 6-PPVT 7-Kuhlmann-Binet 8-Other 0-None
	7-9	IQ-Full Scale
	10-12	IQ-Verbal Scale (Wechsler Type)
	13-15	IQ-Performance Scale (Wechsler Type)
	16-17	WISC-Information
	18-19	WISC-Comprehension
	20-21	WISC-Arithmetic
	22-23	WISC-Similarities
	24-25	WISC-Vocabulary
	26-27	WISC-Digit Span
	28-29	WISC-Picture Completion
	30-31	WISC-Picture Arrangement
	32-33	WISC-Block Design
	34-35	WISC-Object Assembly
	36-37	WISC-Coding
	38-39	WISC-Mazes
	40	<u>Organicity Tests</u> (Bender) 1-Normal Limits 2-Some V-M Problem 3-Strong Evidence of Organicity 4-Not Given
	41	<u>Personality Tests</u> <u>Self-Rating</u> 1-CTP-Primary 2-CTP-Elementary 3-CTP-Intermediate 4-CPQ-IPAT 5-Gordon Personal Profile

CODE	COL. #	TEST DATA
2	41	0-Not Given
	42	<u>Observer Rating</u> 1-Child Behavior Rating Scale 2-Vineland Social Maturity Scale 0-Not Given
	43	<u>Projective Tests</u> 1-Michigan Picture Test 2-SCT 3-Rorschach 4-TAT 5-CAT 6-KTSA 7-Draw-A-Family 8-MMPI 9-Holtzman 0-Not Given
	45	<u>Language Test</u> 0-Not Given 1-ITPA 2-Slingerland 3-Houston Test 9-Other
	46-49	<u>Language Age (Composite)</u> (Above 10-3 Code 9999)
	50-51	<u>Mean Scaled Score - ITPA</u>
	52	<u>Language Functioning</u> 0-Not Given 1-Within Normal Limits 2-Borderline Disability 3-Significant Disability
	53	<u>Wepman Test of Auditory Discrimination</u> 0-Not Given 1-Adequate Development 2-Inadequate Development
	54	<u>Myklebust Written Language Test</u> 0-Not Given 1-Within Normal Limits 2-Slight Deviation from Norm 3-Significant Deviation from Norm

CODE	COL. #	TEST DATA
2	55	<u>Specific Area Test</u> 0-Not Given 1-Peabody Picture Vocabulary Test 2-Templin-Darley Articulation Test 3-Mecham Test 4-Frostig 9-Other  <u>Spache Diagnostic Reading Scales</u> <u>Grade Equivalents</u>  56-57 1-Instructional Grade Level 58-59 2-Independent Grade Level 60-61 3-Potential Grade Level  <u>WRAT - Grade Placement</u>  62-63 Reading 64-65 Spelling 66-67 Arithmetic